AVPS Medication Authority Form

for a student who requires medication whilst at school, excursion or camp

This form should be completed ideally by the student's medical/health practitioner, for all medication to be administered at school, excursions and/or camps. For those students with asthma, an Asthma Foundation's *School Asthma Action Plan* should be completed instead. For those students with anaphylaxis, an ASCIA *Action Plan for Anaphylaxis* should be completed instead. These forms are available from your GP. Please only complete those sections in this form which are relevant to the student's health support needs.

dent's Name:	Date of Birth:			
is form is for the following	: (tick) □ at sc	hool , \square excursion c	or 🗆 camp	
ate range for this form : (Ex	piry is the last o	date recorded) STAR	TING:/	ENDING:/
				ation required three times a day is
not i	equired during a	school day: it can be tak	en before and after school a	and before bed.
Medication required:				
Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg orally/ topical/injection)	Dates
			, , , , ,	Start date: / /
				End Date: / /
				☐ Ongoing medication
				Start date: / /
				End Date: / /
				☐ Ongoing medication
				Start date: / /
				End Date: / /
				☐ Ongoing medication
Medication Storage				
Please indicate if there are specifi	c storage instruction	ons for the medication:		

Medication delivered to the	school			
Please ensure that medication de		ol:		
Is in its original package				

Please turn over and complete page 2.

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.	1
Please advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment:	

Monitoring effects of Medication

Self-management of medication

Please note: School staff *do not* monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication. Please ensure students have their first dose of any medication at home (not at school) in case of an allergic reaction. A first dose of any medication should be done under the supervision of the family or medical health practitioner.

Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

AUTHORISATION – TWO PARTS

1) Required <mark>*</mark>	2) Optional
Name of parent completing this form:	Name of Medical/health practitioner:
Signature:	Professional Role:
Contact Details:	Signature:
	Contact Details:

*Part 1 MUST be completed

If additional advice is required, please attach it to this form

Version: Thursday, 15 August 2019

^{**}Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5).